Changes to Pediatric Vaccine Recommendations: Impact on Health Plan Coverage

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The Trump administration has made several recent efforts to change federal vaccination recommendations for children and adolescents. In January 2026, the U.S. Centers for Disease Control and Prevention (CDC) approved changes made by its Advisory Committee on Immunization Practices (ACIP) that moved certain pediatric vaccines from being universally recommended to being recommended on a case-by-case basis after consultation with a healthcare provider. These vaccines include those for rotavirus, influenza, hepatitis A, hepatitis B and meningococcal. More specifically, these changes moved these vaccines from the ACIP's universally recommended tier to the shared clinical decision-making (SCDM) tier.

In March 2026, a federal court put the ACIP's changes on hold as part of a lawsuit brought by the American Academy of Pediatrics (AAP) and other medical groups. In August 2026, President Donald Trump issued Executive Order (EO) 14420, reiterating the ACIP's revised pediatric vaccine recommendations and rationale for making the changes.

The Affordable Care Act (ACA) requires non-grandfathered health plans and health insurance issuers to cover recommended preventive services without imposing cost-sharing requirements, such as deductibles, copayments or coinsurance, when the services are provided by in-network providers. This no-cost coverage mandate includes all pediatric immunizations recommended by the ACIP that are adopted by the CDC and placed on the immunization schedules, including those in the SCDM tier that are not universally recommended.

Action Items

Non-grandfathered health plans and issuers are still required to provide first-dollar coverage for vaccines that shift from a universal recommendation to an SCDM recommendation. In practice, though, this first-dollar coverage may not be applied as consistently for SCDM vaccines because the recommendation is individualized and not universal. Concerned employers may want to reach out to their issuers or third-party administrators, as applicable, to confirm their health plan's coverage of recommended pediatric vaccinations.

Preventive Care Mandate for Immunizations

The ACA requires non-grandfathered health plans and issuers to cover a set of recommended preventive services without imposing cost-sharing requirements when the services are provided by in-network providers. The preventive care services covered by the ACA's first-dollar coverage mandate requirements include immunizations for children, adolescents and adults recommended by the ACIP that are adopted by the CDC and placed on the immunization schedules.

The ACIP is a federal advisory committee within the CDC that makes recommendations on how vaccines should be used in the United States. The ACIP groups vaccines into the following three recommendation tiers:

- **Universal:** These vaccines are recommended for essentially everyone in a specified age group, regardless of individual risk factors.

- **Risk-based:** These vaccines are recommended only for individuals who fall into specific higher-risk categories (due to an underlying health condition, exposure, travel or similar factors) rather than for the general population.
- **SCDM:** Unlike universal or risk-based recommendations, SCDM recommendations do not specify a default course of action for a defined population. Rather, the decision of whether to vaccinate is determined on an individual basis through a consultative process between the healthcare provider and the patient (and parent or guardian).

The ACA's preventive care mandate broadly applies to any vaccine recommendation made by the ACIP that has been adopted by the CDC and appears on the immunization schedules, including SCDM recommendations.

Changes to Pediatric Vaccine Recommendations: Recent Developments

Development	Description
Removal and replacement of ACIP members	In June 2025, the U.S. Department of Health and Human Services (HHS) removed all 17 sitting members of the ACIP and replaced them with new members to "reestablish public confidence in vaccine science."
Trump issues directive to revise pediatric vaccination schedule	In December 2025, Trump directed HHS and the CDC to review best practices from peer, developed nations regarding core childhood vaccination recommendations and, if they determine that those best practices are superior to current domestic recommendations, update the current pediatric vaccination schedule to align with those practices while preserving access to currently available vaccines.
ACIP's revised pediatric vaccination schedule is approved by the CDC	In January 2026, the ACIP submitted a revised pediatric immunization schedule to the CDC, which it approved. The revised schedule **reduces the number of vaccines universally recommended for all children from 17 to 11**. In addition to the COVID-19 vaccine (which stopped being recommended for all children in October 2025), the new schedule no longer recommends universal vaccinations for rotavirus, influenza, hepatitis A, hepatitis B and meningococcal. These vaccines were moved to the SCDM category.
Federal court stays the appointment of the new ACIP members and the revised vaccine schedule	In March 2026, the U.S. District Court for the District of Massachusetts issued a preliminary injunction to stay both the appointments of the new ACIP members and the revised pediatric immunization schedule while a lawsuit brought by the AAP and other medical groups proceeds. The federal government has appealed this decision to the U.S. Court of Appeals for the First Circuit.
Trump issues EO outlining revised pediatric vaccination schedule	On Aug. 10, 2026, Trump released EO 14420, reiterating the directive that childhood vaccine recommendations should be aligned with best practices from peer, developed countries and declaring that the United States recognizes the "Gold Standard Childhood Vaccine Recommendations," which include the ACIP's three tiers of recommended vaccines. Consistent with the ACIP's revised vaccine schedule, EO 14420 reflects that vaccines for COVID-19, rotavirus, influenza, hepatitis A, hepatitis B and meningococcal have been moved from the universal category to the SCDM category.

Impact of Changes

As noted above, the ACA's preventive care mandate broadly applies to any ACIP vaccine recommendation that has been adopted by the CDC and appears on the immunization schedules, including SCDM recommendations. Thus, non-grandfathered health plans and issuers must continue to cover vaccines that are moved from universally recommended to the SCDM category without cost sharing when they are administered by in-network providers. However, health plans and issuers may handle first-dollar coverage of vaccines in the SCDM category less consistently in practice because the recommendation is not a universal one.

In addition to federal requirements, states can impose first-dollar preventive care coverage requirements on fully insured health plans. Some states have taken action regarding insurance coverage requirements for pediatric vaccines in response to the recent changes at the federal level. For example, California requires health insurance plans to cover vaccines with ACIP recommendations in effect on Jan. 1, 2025, as a baseline, and Illinois adopted a rule clarifying that any preventive service with an SCDM recommendation must be covered by health insurance plans without cost sharing. Note, however, that self-insured health plans are not subject to state insurance laws.
